UF CUMMERCE

Substitute for Form PTO-875							Application of Docket Number			
APPLICATION AS FILED - PAI					ART I (Column 2) SMALL ENTITY		ENTITY	OR	OTHER THAN SMALL ENTITY	
	FOR	NUM	BERFLED	NUM	BER EXTRA	RATE (\$)	FEE (\$)	1	RATE (\$)	555.40
	SIC FEE CFR 1.16(a), (b), cr (len .				1	1 122 10	1	KATE (S)	FEE (\$)
SE	ARCH FEE CFR 1 16(1), DL or (r					1	 -	1		
ĔΧ	AMINATION FEE CFR 1.16(0), (p), or (1	 	1		
TO	TAL CLAIMS					1		1		
	CFR 1.16(I)) EPENDENT CLA	IMS	minus 7			┤		OR	× =	
37	CFR 1.16(h))		minus :			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			х =	
νPí	PLICATION SIZE	If the spe	ocilication	and drawings he application	exceed 100			1		
EE		is \$250 (\$125 for :	small entity) to	r each					}
•	CFR 1 16(s))	additional	1 50 shee	ets or fraction to)(G) and 37 CF	hereof. See					
	TIDLE DESCRIPTION				1.10(s).	1	 	1		
-	TIPLE DEPENDE	ENT CLAIM PRE	SENT (37 (CFR 1 16(J)		J L		1	L	
U t	he dillerance in co	ofumn I is less th	an zero, er	ilar '0' us column	12	TOTAL			TOTAL	
	ADDI	ICATION AC	****	CD D40*			\- <u>-</u>	-		
	APPL	ICATION AS	VWC NO	EU PART I	1					
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER	
۲	10/1	CLAIMS REMAINING		MGNEST	PRESENT) [T	1	SMALL	
	10/4/05	AFTER		HUMBER PREVIOUSLY		RATE (S)	ADDI- TIONAL		RATE (\$)	ADDI- TIONAL
	_ / / * /	AMENDMENT	Mmus	PAID FOR	ļ. —	J L	FEE (\$)	J	L	FEE (\$)
;	Total	. 7/						1		
	Total ill CFR i 16en	76		26		, as:		OR_	· 20-	
	131 CFR 1 1600 Independent 132 CFR 1 1600H	76	klanus	3	:	190°		1	· 20.	
	IN CIR 1 1669 Independent	76 Fee (37 CFR 1 1	klanus	3	:	12121		OR OR	· 20) ·	
	131 CFR 1 1600 Independent 132 CFR 1 1600H		klanus G(s))	3]	12121		OR	· 50·	
	Independent (17 C/R + 16th) Application Size		klanus G(s))	3]	101AL		OR OR	200 ·	
	Independent (17 C/R + 16th) Application Size		klanus G(s))	3]	الم :		OR		
	Independent (17 C/R + 16th) Application Size	TION OF MULTIPLE	klanus G(s))	161 Ct484 (37 Ct]	101AL		OR OR	TOTAL	
	Independent (17 C/R + 16th) Application Size	(Column 1) CLAIMS REMAINING	klanus G(s))	141 CE4NA (37 CE	ra i ségi)	TOTAL ADDITEE	4001	OR OR	TOTAL ADD'L FEE	4001
	INCER LIGHT Independent (137 CFR LIGHT) Application Size FIRST PRESENTA	(Column 1) CLAIMS REMAINING AFTER	klanus G(s))	(Column 2)	(Cetumn 3)	101AL	AODI-/ IIONA	OR OR	TOTAL	ADDI-)
	INCENTIONS INDEPENDENT INDEPEN	(Column 1) CLAIMS REMAINING	klanus G(s))	(Column 2)	(Column 3)	TOTAL ADD'T FEE		OR OR	TOTAL ADD'L FEE	
	IN CERT LIGHT INDEPENDENT INDE	(Column 1) CLAIMS REMAINING AFTER	Rianus G(S)]	(Column 2)	(Cetunia 3) PRESENT EXTRA	TOTAL ADDITEE	HONA	OR OR	TOTAL ADD'L FEE	TIONAL
	INCRESENTA Application Size FIRST PRESENTA Trust Tr	(Column 1) CLAIKS REMAINING AFTER AMENDMENT	Manus G(s)) DEPENDO Linus Linus	(Column 2)	(Column 3) PRESENT EXTRA	TOTAL ADD'T FEE	HONA	OR OR	TOTAL ADD'L FEE RATE (S)	TIONAL
	Application Size Independent Application Size FIRST PRESENTA Independent	(Column 1) CLANAS REMAINING AFTER AMENDMENT 23 e=73: CFR 116	Election Electronics Linears Linears Linears	(Column 2)	(Cetuma 3) PRESENT EXTRA	HOTAL ADDUFEE	HONA	OR OR OR	TOTAL ADD'L FEE	TIONAL
	INCRESENTA Application Size FIRST PRESENTA Trust Tr	(Column 1) CLANAS REMAINING AFTER AMENDMENT 23 e=73: CFR 116	Election Electronics Linears Linears Linears	(Column 2)	(Cetuma 3) PRESENT EXTRA	HOTAL ADDUFEE	HONA	OR OR	TOTAL ADD'L FEE	TIONAL
	Application Size Independent Application Size FIRST PRESENTA Independent	(Column 1) CLANAS REMAINING AFTER AMENDMENT 23 e=73: CFR 116	Election Electronics Linears Linears Linears	(Column 2)	(Cetuma 3) PRESENT EXTRA	HOTAL ADDUFEE	HONA	OR OR OR OR	TOTAL ADD'L FEE	TIONAL

The 'Highest Humber Previously Paid For' (Ictator independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the fand by the USPTO to process) an archication. Confidentiatives governed by 35 USC 137 and 37 CFR 1.14. This collection is estimated to take 12 minutes to cominded grainering preparing, and submitting the complete application form to the USPTO. Time with rail depending once the individual case. Any comments into amount of time you require to complete this form and or suggestions for reducing this buildern should be sent to the Chief Information Citizer, U.S. Patent and Trademark Officer, U.S. Pepariment of Commerce, P.O. Box 1450. Alexandria, VA. 22313-1450.

Appress SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, VA. 22313-1450.

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN SMALL ENTITY TYPE [OR (Column 1) (Column 2) **TOTAL CLAIMS** FEE RATE FEE RATE BASIC FEE 770.00 BASIC FEE 385.00 NUMBER EXTRA OR NUMBER FILED FOR XS18= TOTAL CHARGEABLE CLAIMS 13 XS 9= minus 20= OR minus 3 = X86= INDEPENDENT CLAIMS X43 =OR MULTIPLE DEPENDENT CLAIM PRESENT +290= +145= OR * If the difference in column 1 is less than zero, enter "0" in column 2 **TOTAL** TOTAL OR OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY SMALL ENTITY OR (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS ADDI-NUMBER PRESENT REMAINING 4 TIONAL RATE TIONAL RATE PREVIOUSLY **EXTRA** AFTER z FEE FEE PAID FOR **AMENDMENT** AMENDME X\$18= Minus XS 9= OR ** Total Minus Independent *** X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS ADDI-PRESENT REMAINING NUMBER 0 TIONAL RATE TIONAL RATE **PREVIOUSLY EXTRA AFTER** AMENDMENT FEE FEE AMENDMENT PAID FOR X\$18= Minus X\$ 9= OR Total = Minus Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT Ç REMAINING TIONAL RATE TIONAL RATE MENT **PREVIOUSLY** AFTER **EXTRA** FEE FEE PAID FOR AMENDMENT X\$18= Minus X\$ 9= Total AMEND OR Minus Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR

TOTAL

ADDIT. FEE

TOTAL

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

^{***}If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.